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FACSIMILE TRANSMISSION COVER SHEET

Date:

July 15, 2005

To:

United States Patent and Trademark Office

Examiner: Maldonado, Julio J.; Art Unit: 2823

Fax:

(571) 273-8300

Re:

Application Serial No.: 09/833,953

Filing Date: 4/11/2001; First-Named Inventor: Racanelli

Attorney Docket No.: 00CON161P

From:

Farjami & Farjami LLP

Number of pages including the cover sheet: 26

Message:

Enclosed please find the Amendment and Response to Non-Final Office Action dated April 18, 2005.

Thank you.

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Attorney Docket No.: 00CON161P

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Racanelli	
SERIAL NO.: 09/833,953 FILED: April 11, 2001	
FOR: Low Cost Fabrication of High Resistivity Resistors	3
HONORABLE COMMISSIONER FOR PATENTS	•

HONORABLE COMMISSIONER FOR PATENTS

P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

- No additional fee is required.
- ☐ The fee has been calculated as shown below:

□ EXTENSION FEE	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$
SECOND MONTH AFTER TIME PERIOD SET	450.00	225.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,020.00	510.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,590.00	795.00	\$

- ☐ TOTAL EXTENSION FEE \$ 0.00
- FEE FOR EXTRA CLAIMS added by Amendment in this response:

•	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	20	MINUS **25	* = 0	x 50	x 25	\$
INDEPENDENT	2	MINUS ***3	* = 0	x 200	x 100	\$
First presentation of	multiple depend	lent claim		+ 360	+ 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

		Attorn	ey Docket No.: 00CON161P
		•	
	Total fee for Supplemental In	formation Disclosure Statement \$	
	Enclosed is the total fee of \$ 9	0.00 (Payment by Credit Card, Form PTO-2038 Enclosed).	
	Please charge Deposit Accoun	nt No. 50-0731 in the amount of \$	
×		authorized to charge payment of any additional fees associate overpayment to Deposit Account No. 50-0731. A duplicate	
Date: _	7/15/05	By: Michael Farjami, Reg. No. 38,135	
			• .
Farjami 26522 L Mission Telepho	Farjami, Esq. & Farjami LLP a Alameda Ave., Suite 360 Viejo, CA 92691 ne: (949) 282-1000 e: (949) 282-1002	I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 571-273-8300 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful. 7/15/05 Date Carter Name of Person Performing Pacsimile Transmission	
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		Date	
		Signature	

Typed or Printed Name of Person Mailing Paper and/or Fee

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JUL 1 5 2005

Attorney Docket No.: 00CON161P

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Racanelli
SERIAL NO.: 09/833,953 FILED: April 11, 2001
FOR: Low Cost Fabrication of High Resistivity Resistors
HONORABLE COMMISSIONER FOR PATENTS P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

No additional fee is required.

☐ The fee has been calculated as shown below:

☐ EXTENSION FEE	RATE Non-Small Entity	RATE Small-Entity	FEE
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THIRD MONTH AFTER TIME PERIOD SET	1,020.00	510.00	\$
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☐ TOTAL EXTENSION FEE \$ 0.00

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TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 00CON161P

	Total fee for Supplemental Information Disclosure Statement \$				
	Enclosed is the total fee of \$ 0.00 (Payment by Credit Card, Form PTO-2038 Enclosed).				
	Please charge Deposit Account No. 50-0731 in the amount of \$				
×	The Commissioner is hereby aut	chorized to charge payment of any additional fees associated with this verpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is			
Date: _	7/15/05	By: Michael Farjami, Reg. No. 38,135			
Parjami 26522 L Mission Telepho	Farjami, Esq. & Farjami LLP a Alameda Ave., Suite 360 Viejo, CA 92691 ne: (949) 282-1000 e: (949) 282-1002	CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 571-273-8300 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful. 7/15/05 Date Christina Carter Name of Person Performing Facsimile Transmission			
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RECEIVED Attorney Docket No.: 00CON161P CENTRAL FAX CENTER JUL 1 5 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Marco Racanelli

Serial No.: 09/833,953

Filed: April 11, 2001

For: Low Cost Fabrication of High

Resistivity Resistors

Art Unit: 2823

Examiner: Maldonado, Julio J.

AMENDMENT AND RESPONSE TO NON-FINAL OFFICE ACTION

Honorable Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the Non-Final Office Action dated April 18, 2005 in the above-referenced patent application. Please enter and consider the following amendments and remarks.